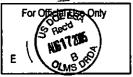
U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E Ques of	
1 File Number U \$33-178. \$689	2 Fiscal Year Covered From
	07 / 01 / 2004 Through 06 / 30 / 2005
3 Name and address of person filing	4 Name file number and address of labor organization
Name James P Ksyckı	Name UA Plumbers Local 63
	Labor Organization File Number 033 178
PO Box Bidg Room No If any	P O Box Building and Room Number if any
Street 819 Catherine	Street 116 Harvey Court
City Washington	City East Peoria
State Illinois ZIP Code + 4 61571	State Illinois ZIP Code + 4 61611
5 Position in labor organization Finace Committe Officer	13
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade pame if any)  7. a. Nature of Interest Transaction or Income	
6 Name and address of Employer (including trade name if any)  Name UA Plumbers Local 63	7 a Nature of Interest Transaction or Income  Please be advised that, based on the records that are currently in
Trade Name if any	my possession related to the Fiscal year 2004. I do not have to the best of my knowledge any LM 30 reportable transactions. I am filing this form in order to qualify as part of the DOL amnesty.
PO Box Bldg Room No if any	filing for 2004 and the prior five years
Street 116 Harvey Court	7 b Amount
City East Peoria	
State Illinois ZIP Code + 4 61611	,
Signature '	
- 15 Signature and verification The undersigned declares under penalty of Penury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the jundersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)	
submitted in this report (including the information contained in any accompa	anying documents) has been examined by the signatory and is to the best of the
submitted in this report (including the information contained in any accompa	anying documents) has been examined by the signatory and is to the best of the

Name of Person Filing James P Ksyckı	File Number U 033-178	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)  Name  Trade Name if any  P O Box, Bidg Room No if any  Street  City  State  ZIP Code + 4  1 0 if 9 b or 9 c is checked give trust or employees name  Name  Trade Name if any  P O Box, Bidg Room No if any	9 Business deals with  a Labor Organization b Trust c. Employer  11 a Nature of such dealing	
Street	1 II b Approximate dollar value of such dealing	
City	12 a Nature of interest held or income received	
State ZIP Code + 4		
	12 b Amount.	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a. Name and address of Employer or Labor Relations Consultant (including trade name If any)	14 a Nature of payment.	
Name		
Trade Name If any		
P O Box Bldg Room No if any		
Street		
City		
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.	